

Definitions

DMH: The State of California, Department of Mental Health.

EDS: Electronic Data Systems, the State's Medicaid claims agent.

Federal Financial Participation (FFP): Federal revenue claimed by the County for the federal share of the reimbursement for service delivered to Medi-Cal eligible clients. This is defined in the California Code of Regulations: Title 9, Section 1840.100.

FFP: See Federal Financial Participation.

FFS: Fee-for-service reimbursement. A payment system that pays providers a set amount for each unit of a particular service that they have delivered.

HCFA: See Health Care Finance Administration.

Health Care Finance Administration: The federal agency that administers Medicaid and oversees DMS's administration of Medicaid (in California referred to as Medi-Cal).

Healthy San Diego: This is the County Medi-Cal managed care initiative for healthcare services delivered to Medi-Cal eligible individuals. The following seven health plans have been awarded contracts to provide these Medi-Cal covered healthcare services: Blue Cross of California; Community Health Group; HealthNet; Kaiser Permanente; Sharp Health Plan, Sharp Advantage; UCSD Health Plan; and Universal Care.

MAA: See Med-Cal Administrative Activities.

Medi-Cal Administrative Activities (MAA): Administrative activities necessary to support the management and oversight of the Medi-Cal program. The costs of these activities are eligible for federal financial participation.

Medi-Cal Eligibility Determination System (MEDS): The information system maintained by the State of California, Department of Health Services as the depository for all Medi-Cal recipient eligibility information.

MEDS: See Medi-Cal Eligibility Determination System.

Patient Fees: Charges and revenue collected from clients receiving services according to their ability to pay.

Service Authorization: The determination of appropriateness of services, based upon medical or service need criteria, prior to the service being rendered which is defined in Title 9, under section 1810.229, Mental Health Payment authorization

Short-Doyle Medi-Cal: The procedures and regulations covering services provided under the Medicaid Rehabilitation Option. These services are funded by Realignment revenue which is used as the County match to draw federal funds under the Federal Financial Participation regulations.

TAR: See Treatment Authorization Request.

Title 9: One of the set of regulations covering the delivery of mental health services in the State of California. The regulations are found in the California Code of Regulation: Title 9. Rehabilitation and Developmental Services, Division 1, Department of Mental Health.

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Treatment Authorization Request (TAR): Requests filed by providers or the administrative service organization for prior authorization of services.

UMDAP: Uniform Method of determining Ability to Pay – State required procedure and standards to establish patient fees on a sliding scale for all programs funded with Realignment Revenue. This State requirement may exempt providers from CFR 42 413.13(f) requiring the lower of cost or charges for federal reimbursement.